Optimizing the Performance of a PSP & Improving Outcomes for all Stakeholders

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ABSTRACT

Patient Support Programs (PSP) have been proven to improve clinical and patient outcomes and help manage patient out-of-pocket cost and prescribed use.¹ Particularly for specialty drugs, the services provided under the PSP umbrella not only help remove barriers to patient access, they provide healthcare providers (HCPs) with tools they can use to help patients better manage their disease. The challenge has been with ensuring a PSP is evolving and maturing in a way that aligns with patient and stakeholder needs as well as the product's lifecycle. Often the service provider or internal department managing the PSP provides limited or select reporting on the operational effectiveness and efficiency of the program, which can be one-sided or only highlight outliers. Worse, the metrics and Service Level Agreements (SLAs) can drive behaviors that are the opposite of what patients and HCPs actually need. In order to gauge the effectiveness of a PSP while identifying efficiencies and deficits, we realized a 360 view was needed. Using proprietary tools and existing service offerings, we created a comprehensive Quality Assurance (QA) Program that can be customized to address general or specific stakeholder concerns. Metric performance is presented in an easy-to-understand dashboard and in reports that highlight behaviors that are integral to the success of the PSP. Our QA Program provides clients with insight that is unbiased, comprehensive and actionable.

Problem Statement



Over the past few decades, PSP offerings have evolved from call centers primarily dedicated to answering questions about reimbursement of an HCP administered product into more comprehensive support services that are intended to aid with financial assistance, patient compliance, education, safety and coverage.² Due to the growth of the specialty drug market, which represents nearly half of all drug-spending dollars in the US, this has led to PSPs becoming a necessity, not an option, for specialty brands.³

As manufacturers transitioned from developing simple, small molecule drug products in the 90's to today's more complex, large-molecule specialty therapies, support services have had to expand. Common services now include coordinating and scheduling product distribution, clinical support programs, and persistency and compliance monitoring that require a higher degree of specialization. The additional specialized service offerings have led many pharmaceutical manufacturers to outsource this support partially or fully to service providers who implement, manage, monitor and operate these programs. This approach helps maintain regulatory compliance and patient confidentiality. Service providers also play a critical and necessary role by providing an external infrastructure to collect data.²

However, there are challenges with outsourcing the management of patient services. First, there are considerable issues with depending on the service provider to collect data and report on program performance metrics. Overall, the lack of visibility into their process and the inherent challenge with tracking multiple levels of an outsourced service doesn't provide the manufacturer with a comprehensive and accurate picture of how the PSP is meeting intended goals. Also, manufacturers may receive biased or incomplete information, or information that reports more on outlier data than normative data.¹ Data collection techniques also only capture feedback from users of the services, leaving out those who choose not to use the program, had a negative experience or are infrequent users. Further, monitoring and managing metrics by service providers is often done in a piecemeal fashion, if at all, and changes or adaptations to the original metrics defined in the SLAs are often reactive in nature.⁴ Worse, they may drive unwanted behaviors.

This was an issue with one our client's programs. The contracted metrics drove case managers for the program to adopt a task-based approach to their work. In order to complete their daily assigned work, they would often defer tasks to the next day to ensure contracted metrics were achieved. This often resulted in a multi-day delay in completing the case, leaving the patient with an unresolved issue over an unacceptable amount of time.

There are also concerns with how the initial services of a PSP may or may not meet patient and stakeholder needs overtime if there is no continuous oversight or changes to the services based on recent data. As a product moves through its lifecycle, stakeholder and patient needs change, but do the PSP services evolve with them? Because both manufacturers and service providers place a large focus on "meeting the metrics" and manufacturers are concerned with impact on operational costs, patients and HCPs may not receive the desired services and or service levels they need.

Background and Research

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After being approached by several clients who either needed help implementing a PSP or wanted to evaluate and change a poor performing program, we realized most issues within the PSPs could be solved. Although we should note some are not always easy and may require expensive remediation measures. Through ongoing, multi-client experience we have identified the following areas of common manufacturer needs to ensure PSP optimization:

 Manufacturers need a holistic overview and regular reporting of how patient services are performing

Focus needs to be recentered on patient
needs and satisfaction and broadened to include all stakeholders

3 Ongoing "health checks" with regular reviews of program operations need to be implemented

 Findings needed to be reported in easy-to-read
and easy-to-access reports and the ability to report across product portfolios was necessary

Our Solutions



Working off these areas identified to optimize program performance, we created the first comprehensive Quality Assurance (QA) Program for patient services that manufacturers can use with their service providers. Taking our existing tools and pairing them with proprietary new tools developed internally, our team has created a comprehensive QA Program that can be customized for each client to inform and improve an existing PSP. This program could also be used by any client who did not have a PSP in place – but was planning the implementation of one.

Our initial priority with this QA Program was to address the lack of a comprehensive overview of how their PSP was actually performing. By integrating an existing service we already offer clients, we are able to understand the current landscape of services and associated patient and HCP interaction, identifying overlaps and/or gaps in service. This annual assessment takes into account the current compliance environment, perceptions, and competitor efforts when evaluating the efficiency and effectiveness of the PSP and existing SLAs.

Another feature of our QA Program revolved around meeting the needs of patients and all stakeholders. Through research and the QA Program data, we identified a discrepancy in how programs were operating to "hit" the contracted metrics instead of meeting the needs of patients. Operating on a "task-driven" basis or overstaffing the program to meet metrics generated stakeholder dissatisfaction. By reviewing the process end-to-end and measuring the demand for services, we are able to identify breakdowns. We even uncovered which services would benefit from automation and how to contract metrics to drive desired outcomes and increase stakeholder satisfaction.

The next feature of the program takes the necessary taskbased metrics such as call time, abandonment rate and Prior Authorization (PA) initiation and collects it as realtime data. By tracking this vital performance information, we are able to report on the accuracy of each metric in an unbiased way, while identifying if shifts represent trends or outlier data. These ongoing "health checks" keep the service provider accountable and provides visibility into how a service is actually performing for all stakeholders.

Finally, in order to fulfill the need of making all of this information digestible, accessible and sharable, we created a tool that can track and trend on an ongoing monthly basis the performance and



customer satisfaction of each PSP. Clients can review past performance against current performance to see which services are excelling and which ones may need review. It also has the ability to report across brands allowing for comparison and customization within a product portfolio. Finally, the information provided by this tool can be segmented for audiences – creating readouts that are suitable for everyone from the C-suite to the Sales Team.

Conclusion



The QA Program developed by our team was driven by our philosophy that only good can come out of productive relationships. Improving or creating a QA Program that amplifies collaboration and encourages transparent and active sharing between the manufacturer and service provider can only bring about insightful learnings and positive results. By taking a comprehensive approach to quality versus solely a contracted metrics approach, we provided clients with a holistic 360 program that demonstrates how a PSP can truly work and evolve with the needs of patients and provider offices.

If you are a Director or Manager who is currently struggling with knowing if your PSP is effective and serving its intended audience, or if you are looking to enable a PSP that can handle the needs of your specialty therapy, there are options for you to choose from. Having a high-performing comprehensive program that accurately and regularly reviews, monitors and reports on what your patients need is a solid and smart start.

REFERENCES

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